

Annex B

Complaints Proforma

COMPLAINTS PROFORMA

REPORT FORM FOR COMPLAINTS		SHEET _____ OF _____	
		UNIT REFERENCE _____	
RECIPIENT			
NAME:		LOCATION:	TEL.:
COMPLAINANT			
NAME:		TEL.:	FAX:
ADDRESS:			
COMPLAINT			
TYPE: Noise/Dust/Other			
DATE:		TIME:	Location:
DESCRIPTION:			
COPY FAX TO:		ORIGINAL TO:	
DATE:		DATE:	
REVIEW RESULTS			
SIGNED:		DATE:	
RECOMMENDATIONS			
SIGNED:		DATE:	
ATTACHMENTS			
COPY TO:		DATE/TIME:	

